Telephone interview with CAPT Odette Willis, NC, USNR (Ret.). CAPT Willis cared for Vietnamese refugees following the Vietnam War. Conducted by Jan K. Herman, Historian of the Navy Medical Department, 27 May 2004.

Please tell me about your background.

I was born and raised in Nuremburg, Germany and spent the first 18 years of my life there. I came to the United States to attend college because in Germany, to be a nurse, you started out washing floors and worked your way up. My parents wanted me to go to college so they sent me to the United States.

They moved from Europe to the United States shortly after I started college and they settled in California. So we call Concord, California home. It's just outside of San Francisco. They've been there since 1969.

Where did you go to nursing school?

I went to nursing school at Texas Women's University in Denton, TX, and Houston Medical Center for my bachelor's. I joined the Navy while I was in school. I was in the Navy Nurse Corps Candidate Program. I was about 19 years old and my parents had to sign for me. So the recruiter had a recruiter from California go out to my parents' house to sign the paperwork. I remember calling my dad and saying, "I'm joining the Navy and if you don't sign for me I'm going to join the Navy anyway when I'm 21 so you might as well sign. A little rebellion there.

After you graduated, you were then on active duty?

Yes. I was assigned to Naval Hospital Philadelphia. That's actually where I was TAD'd from to Guam during the Vietnamese evacuation.

How did that all happen? How did you learn about it and how did they tell you that you were going?

It was the end of March or the beginning of April of 1975. I was put on a 30-day notice that I was on call for a TAD to go somewhere. They weren't sure where. At that time there were several nurses, corpsmen, and physicians who were put on this 30-day notice. We had to have all of our shots and everything up to date. And we waited with our bags packed and everything ready to go.

At the end of the 30 days, we were told that nothing was going to happen. We were off the watch and we could unpack. That was on a Friday. I will never forget it. I was off that weekend so I unpacked everything. I came into work on Monday morning and at 9 am I got called down to the chief nurse's office. "You're going to be gone by 4 o'clock this afternoon." And they let me go home at noon to pack. At about 2 that afternoon they called to tell me that my flight had been delayed and that I would leave at 6 o'clock the following morning. And that's what happened.

When was this?

It was the early part of May 1975.

Did you ever learn why they picked you for this?

No. There were several people who were picked. It was almost like we were in a mobilization billet. We were just part of the "mob" team at that time. Two corpsmen and I were selected. There must have been 30 people on the "mob" team but just the three of us ended up going.

Did you know why you were going or what you were going to be doing when you got there?

No.

It all must have had some mysterious quality to it.

It did. It was really funny. We left Philadelphia early in the morning. We flew to Chicago and picked up about 50 people there. I remember calling my parents from Chicago saying, "I'm going overseas. I don't know when I'm coming back. Is there any way of getting to the airport to see us, because we have a 6-hour layover? Can you do it?" And by the time we got to San Francisco, they were there to meet me and they took us out to lunch and waited with us until our next flight left for Hawaii. By the time we had gotten to San Francisco, we had picked up 150 people from around the country. And by the time we got to Hawaii, we picked up about 355 people altogether who left from Hawaii for Guam. They were Army, Navy, Air Force, Marines--everybody. If I remember correctly, there were about 30 Navy among them.

When you finally got to Guam, when did they tell you what you were going to be doing?

We got to Guam about 3 o'clock in the morning and were put on a bus and taken to the hospital. At 4 o'clock they said, "Okay, here's the situation. You are going to be working with the Vietnamese people who are being brought in that need medical care. We have three shifts. The day shift is 10 hours. The evening shift is 10 hours. The night shift is 8 hours." So they were all overlapping. They assigned us to our shifts. Those who were on night shift didn't have to stay. But those on day shift they were going to let come in at 10 or at noon.

So they took us by bus to a barracks and put us up for the night. They gave us something to eat in the cafeteria and let us go. The day shift got to go to sleep for awhile. And they got up and literally went to work from noon till 10 o'clock. Then the evening shift group went from 4 to 2 in the morning. Then the night shift came on at 11 and worked until 8. Then the day shift came on at 6 and worked. It was always overlapping. But we weren't really told until we got to Guam exactly what we would be doing. And which units we would be working. They broke us up into our units based on our specialties once we got there.

What was your specialty?

Mine was med-surg so I ended up working on the acute care med surg unit. There were three units at the time. There was a communicable disease unit that housed all the patients who had anything that was communicable. And I'm talking about TB, dengue fever, malaria, typhoid, typhus, anything like that. Those patients were on one ward and then we had a basic med surg ward that covered everybody else. We also had a pediatric unit. Each of the units had a balcony or a terrace--a screened-in porch. And we had bunk beds out there for the patients who were the least sick and regular old metal crank beds for those who were sicker and needed

to be watched. This was because we had open bay units. When we got really crowded, the really short people we on blankets on the floor underneath the beds. So it was floor 1, bed 1.

So you must have been inundated with patients.

I was just looking through my book. I had written some of this information down. I tried to keep a journal from the time I got there until the time I left. We had a total of 598 patients altogether between the three units--the pediatric, the med surg, and the communicable disease unit. This was throughout the 3 months I was there. They started accepting patients about 2 or 3 days before we got there. That must have been the 5th of May.

Did this all take place just in the hospital at Guam or was there an additional facility that handled the overload?

No. There was the facility at Anderson Air Force Base. They also opened Camp Asan . . . The Seabees came in and gutted some old tin buildings that had been left unused and they used those for any OB patient who was due to deliver within 3 months. They wouldn't let them travel. So the whole family of that OB patient stayed at Camp Asan. That was the OB service.

And they had the clinics at Tent City at Orote Point. We were the southern area hospital. And it was the same hospital that's there now on top of the hill. We just had three units that were not being used that we opened specifically for the Vietnamese.

And there were those auxiliary units--the tent unit and the unit on Orote Point which were used for those special patients.

That's right. Anybody who needed to be admitted came to us.

So you probably saw a wide range of ages.

We saw everyone from newborns all the way up to people in their hundreds.

Hundreds!

There were a couple of patients who we guessed, based on interpreter reports, were probably around a hundred. If they survived the ships.

These refugees were the so-called "Boat People."

Absolutely.

These weren't the people who were evacuated by helicopter from Saigon when the city fell in April but those who came out aboard unseaworthy little craft.

That and also people who crowded on tankers. I actually have a picture of a tanker that was brought into port. They opened the hatch and all you see is a sea of people. It looks just like you opened a can of worms. It was just body after body after body tangled together. Some of them didn't survive but most did. They pulled them out of the hold of the ship and then put them in Tent City. Anybody who was dehydrated or ill they brought to us.

The refugees had commandeered these tankers and freighters in Vietnam and had somehow managed to make their way to Guam?

Yes. Some of these ships had been at sea for 30 days before they got to us.

So the people you were getting must have been in frightful condition.
Very, very much so.

I can't imagine the level of dehydration being in that situation.
Right. I can guarantee you that from the day I started there, given the number of patients that we were admitting, I was the med nurse. And my first night, between meds and IVs . . . I was putting in IVs, putting in Foleys, putting down NG tubes. I learned more nursing skills the first night I was there than I had in the 2 ½ years I was at Philadelphia. Yes. They were in frightful condition. We were hanging one IV an hour on some of them. That's how dehydrated they were. We were running in a thousand CCs an hour to rehydrate them and get them stabilized.

I would imagine that when you first got them, they had to be triaged.
They were triaged by the time we got them because we were on the floors. Most of them had been triaged at Orote Point, which is where the Tent City was, or they were triaged on the docks at the debarkation point and then either sent to Tent City or to us if they were really sick. By the time we got them, we knew they were coming and they didn't even have to go through the emergency room; they just came straight to us.

I'm sure there was a language problem in dealing with these folks. Did you have interpreters who could help out?
Yes. We had a cadre of interpreters who were with us all the time, and working in shifts. They translated for us as much as possible. That was kind of interesting, too. You never quite knew what they were saying to the patient. We were just hoping they were telling the patient what it was that we were trying to say.

Were these largely intact families or were there children separated from their parents, orphans, and other people who had been separated in the chaos and confusion of escaping Vietnam?
Yes. There were people who were separated. For every person who was brought to a camp, they listed their names both in English and Vietnamese or Cambodian, or Laotian, or Korean because we had all of those nationalities brought over. They would print the lists every day and post them. And people would literally stand in front of those lists for hours reading the names to see if there was anybody who was related to them. And if they were, the officials would set up a camp to camp transfer.

Were there a lot of reunions?
Absolutely. In fact, in the journal I had written, I wrote a little paragraph about two old women in their late '60s. "They were walking slowly arm in arm up and down the ward. They help each other in and out of bed and tend to each other's needs. Their families, lost in the shuffle of the evacuation and lost in the shuffle of the refugee camps are gone. And now all they have is each other." That was one of the impressions that I got.

What a sad tale. Physically, they were in all conditions. Here were people who had been uprooted and torn away from their country and suddenly they were thrust into a new

culture--plopped down in the middle of American culture. How did they adapt to that situation?

Most of them were scared to death because they couldn't understand us, they weren't sure where they were. All of a sudden, they had been uprooted. Now they were in an environment where there were electric lights, flush toilets, flowing water, and all these machines that they'd never seen before, especially if they had lived in the jungle. So they were scared to death. Once they got used to us or as they talked to each other over time . . . Because most of them stayed for at least a couple of weeks at the beginning, they began to understand what was going on and what we were going to do for them. And they appreciated it.

They were scared for another reason. Our hospital was on a hill overlooking Agana and Camp Asan which was the capital city and also where the main airport was. Every time a plane would land or take off, it would come over the hospital, and those people would scatter. They would often end up underneath the beds just huddling and scared to death because this was a sound they knew. When a plane came over it meant there was a bomb going to be dropped on them. We had to deal with that a lot.

Feeding them was another adventure. We fed them rice for the longest time and basic foods because if you tried to feed them anything they weren't used to, they ended up with nausea, vomiting, and diarrhea.

Besides the two elderly ladies you mentioned, were there any other patients that stand out in your memory for any other reason.

Absolutely. There are two situations that stand out in my mind and I wrote about one of them. When I first got there I was working nights and was responsible for meds, IVS, and things like that. We had a 14-year-old boy who was brought in who had had a seizure a week earlier. He had been brought to Guam on one of the U.S. ships that had plucked some of the refugees out of the sea. They had been on a small boat and one of these ships picked them up. While they were at sea and just before they got to Guam, this boy seized. They brought him into the hospital and he ended up being an intensive care unit patient. We had him right there in the unit in a small room off to the side. He was on a respirator and was completely monitored. We took care of him for about 1 or 2 weeks but he ended up dying.

At the time child died, the father, who was a wealthy businessman from Saigon, had shaved his long, straight, shiny hair off as a sacrificial offering for the life of his son. His wife and daughter had thrown themselves onto the floor of the hospital in hysterical tears. The patients outside this room sat quietly stone-faced but some were crying. All were fearful.

On the opposite page of my journal was a letter written by the father in English. Do you mind if I read the letter?

No. Please do.

Dear friends and employees of the U.S. Naval Hospital Guam. Allow me to introduce myself: Mr. Huong Van Chi. My wife Li Tai Pu and my daughter from Saigon.

My son Huong Van Minh just passed away last night at the Naval Hospital in Guam after an illness of more than one week. I want to take this occasion to express my deepest appreciation to the employees of the hospital, especially the doctors and nurses and corpsmen for their constant day and night care and their concern for my son. It has been beyond my imagination to see this, especially on the part of the doctors and other medical personnel. I just

want to reveal my deepest thanks for your help at a time when we are at our lowest point as refugees fleeing from the communists who took our country regardless of our wishes.
Respectfully,
Huong Van Chi and family

What a letter! He was very literate, wasn't he?
Yes.

And he wrote that letter from where?
He actually wrote it on the unit the next day. We followed their customs. If I remember correctly, because I was on night shift and that's when the boy died, the father wrote this the next morning. And I was able to get a copy of it.

There's another thing that stands out in my mind. As we started winding down, any of the OB patients who had delivered their babies were brought to our unit for care after delivery. I tried to teach a mother-newborn baby class through an interpreter. And it was the funniest thing they had ever seen because nobody had ever tried to teach them how to take care of their kids. It was something that came natural to them. I had tried to teach them how to bathe the baby and how to feed a baby, and things like that.

And it seemed pretty evident to them already how to do all that.
Yes. And they laughed and laughed.

And there's one last thing I recall. We had one patient who had delivered her seventh boy and one patient who had delivered her sixth girl. And they were all name-tagged and things like that as was our custom. Just as we were discharging one of the families, we realized that the mother did not have the right baby. We couldn't figure it out so we took the baby back to the nursery. We finally figured out that they had the wrong baby. The mother who had given birth to the boy had the girl. The mother with all the girls had the boy. So we swapped babies and made sure everything was okay. We went to discharge the mother again and here, the mother with the girls, had the boy again. What we didn't realize until we went through an interpreter was that both mothers had all the same sex children and they didn't want the same sex so they simply swapped them.

They just traded babies.
Yes. In their country that would have been perfectly okay. The one who had the boys didn't need any more boys to take care of the parents when they grew old. But the one with the girls needed a boy to have a man in the family when the parents got old.

Was the trade allowed to stick?
Because the babies were technically born in the United States, we could not allow them to just swap babies so we kept them an extra day and went through a complete adoption process so they could take each other's babies home. But we had to do it because of U.S. law.

Well, it's been many years since all that happened. Do you ever think about that time?
I do a lot. I try to share my experiences because it was one of the most rewarding experiences of my life. Not only did I get to learn far more nursing than I ever, ever imagined . .

. Just being in that type of an environment and knowing that what I was doing was valuable and that I was helping people who wouldn't be helped otherwise . . . It was just a superb experience. I'd do it again in a heartbeat! It was hard work and long hours in wretched conditions but it was worth it.

It was probably a very peculiar thing because here were people who had been uprooted by enemies that had uprooted them from their country and now were refugees in a foreign land and culture. There were Americans who felt guilty about having let those people down. We were unable to save their country. And it all turned out so badly. Did you, yourself have any of that guilt?

No. The feeling we got working in the hospital was positive. Down at Camp Asan and Orote Point, where there were 10,000 tents and 100,000 people, there may have been that kind of sentiment but, for the most part, I don't remember any negative feelings at all.

What's different from then and now is that we were taking care of these people on our terms and our soil because Guam was a U.S. territory. I can't imagine what it would be like to be taking care of people in their own country and bringing our Western values and our Western equipment and ideals to their country.

As we said earlier, these were not the people who were the upper class. These were not even the middle class. These were the peasants who didn't have the education the others may have had. Did you find this to be the case?

For the most part, yes. All the patients who required hospitalization came through us. We did have people who spoke English. We did have people who were educated and were just as scared and just as alone being forced to leave their country at a moment's notice and not being able to bring anything with them. The first few people who were evacuated from South Vietnam and who were wealthy brought suitcases filled with money. Not clothes, not food, but money. Again, I think this was one of the reasons why we had that businessman on our unit. He was one of those who had the suitcase full of money. That money was either in French francs or U.S. currency, or anything they could get their hands on because Vietnamese currency at that point was worthless. However, we saw very few of those patients. Most of the patients were your everyday peasants with very little or no education. And elderly.

We had a few young teenagers on the floor when I first got there. One in particular was about 15 or 16 years old. She had worms. And they had actually grown in her lungs. Whenever she started coughing, you knew that all you could do was grab a pair of gloves and run to help her. A worm was coming up and you had to help pull it out before she would choke to death. We were giving her de-worming medication and they were just coming out!

Where did you go after finishing that assignment?

I went back to Philadelphia for another 2 years. Because of my experience, I ended up working in the surgical intensive care unit for a year or year and a half. From there I transferred to acute and rehab psychiatry before I was transferred to Cherry Point for my second tour.

Weren't you reserve?

Yes.

How many years did you spend in the Navy altogether?

I spent a total of 32 years. I retired just last year. I did almost 13 years of active duty. I was always USNR and never augmented. I always kept my reserve status. I did two back to back active duty tours. And when I made the decision to get off active duty to go back to school, I had no intention of joining the reserve. I didn't even realize the reserve was out there until another Navy nurse came to the hospital I was working at and said, "I'm going to join the reserve. Come join with me." And that was in 1981 and I joined with her and stayed.

There's just one other thing that I wanted to mention. Even though I gained rank in the reserve and became an administrator, one of the most important things that I've done that was more valuable than anything, was that I kept up my clinical skills. I kept up my clinical competencies. And every so often I'd take my 2 weeks of active duty that was required and I'd go up to the nursing units and work for those 2 weeks. Keeping up my clinical skills was probably one of the most important turning points for me in terms of what I'm doing now. If I had stayed in administration, I would have been out of the loop. So keeping up those clinical skills was very important.

And now you teach. Tell me about that.

I teach nursing full time at George Mason University. My background is acute care med surg so I have nursing students in the medical surgical area both basic, intermediate, and advanced medical surgical nursing. I teach the basic and intermediate lab technologies and then the senior leadership and management course. I have a master's degree in nursing with a focus in education and I also have an MBA so that's why I ended up teaching the leadership course.

And I'll bet you're having a ball.

I am. I love what I do. Just seeing their faces light up and watching them grow. I base all my experience on what I learned in Guam. That's really what got me started. That was a pivotal point in my life.

Thank you for sharing your career with me.